

# Preferred Provider Organization PPO 2015

TYPE OF MEDICAL SERVICE	ORIGINAL MEDICARE	MVP Healthcare 1-888-280-6205				Independent Health (716)635-4900		Unitedhealthcare 1-800-555-5757		Universal American-Todays Options-CCR <sub>X</sub> 1-866-422-1967				BlueCross/BlueShield 1-800-248-9296			
		Gold PPO		Basicare		Medicare Passport Advantage		Complete Choice		Advantage Plus 350B		Advantage Plus 150A		Value		751-Part D	
PREMIUMS	\$104.90 for Part B	\$122.60		\$49.70		\$126.00		\$0.00		\$34.00		\$89.00		\$74.00		\$155.00	
		IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT
PCP Visits	20%**	\$25	\$60	\$35	\$60	\$20	\$40	\$10	\$45	\$10	\$25	\$0	\$10	\$35	30%	\$20	20%
Wellness Exam	\$0	\$0	\$0	\$0	\$0	\$0	30%	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Specialty Visits	20%**	\$50	\$60	\$50	\$60	\$35	\$40	\$40	\$65	\$35	\$60	\$25	\$35	\$50	30%	\$40	20%
Outpatient Mental Health	20%	\$40	\$60	\$40	\$60	45%	40%	\$30 - \$40	\$35 - \$45	\$40	20%	\$30	20%	\$40	50%	\$40	50%
Outpatient Substance Abuse	20%**	\$50	\$60	\$50	\$60	45%	45%	\$30	\$35 - 45	\$40	20%	\$30	20%	50%	50%	50%	50%
Outpatient Surgery	20%**	Amb \$250 Hosp \$500	Amb 40% Hosp 40%	Amb \$300 Hosp \$600	Amb 40% Hosp 40%	Amb- \$200 Hosp \$35-200	30%	Ambulatory 20% Hospital 20%	Ambulatory 40% Hospital 40%	Ambulatory \$150 Hospital \$300	20%	Ambulatory \$75 Hospital \$150	20%	\$275	30%	\$225	30%
Emergency Care	20%**	\$65 waived if admitted in 24 hours		\$65 waived if admitted in 24 hours		\$65 waived if admitted in 24 hours		\$65 - waived if admitted		\$65 - waived if admitted in 24 hours		\$65 - waived if admitted in 24 hours		\$65 Worldwide Coverage		\$65 Worldwide Coverage	
Urgent Care	20%**	\$50		\$50		\$50		\$30-\$40 depending on service		35 Waived if admitted		36 Waived if admitted		\$65		\$60	
Ambulance	20%**	\$125	\$125	\$200	\$200	\$200	\$200	\$250	\$250	\$150	\$150	\$150	\$150	\$175	\$175	\$125	\$125
Durable Medical Equipment	20% Medicare Approved	20%	40%	20%	40%	10-20%	50%	20%	50%	20%	20%	20%	20%	20%	50%	20%	50%
Mammograms	20%	\$0	\$0	\$0	\$0	\$0	30%	\$0	0%- 40%	\$0	20%	\$0	20%	\$0	30%	\$0	20%
Bone Mass Measurment	\$0 to 20%**	\$0	\$0	\$0	\$0	\$0	30%	\$0	0%- 40%	\$0	20%	\$0	20%	\$0	30%	\$0	20%
Colorectal Screening	\$0 - 20%	\$0	\$0	\$0	\$0	\$0	30%	\$0	0%- 40%	\$0	20%	\$0	20%	\$0	30%	\$0	20%
Flu, Pneumonia & Hepatitis B	\$0 flu/ 20%** Hepatitis B	\$0	\$0	\$0	\$0	\$0	30%	\$0	0%- 40%	\$0	20%	\$0	20%	\$0	30%	\$0	20%
Cardiac Rehab	20%	\$50 per/ 36 sessions	\$60 per/ 36 sessions	\$50 per/ 36 sessions	\$60 per/ 36 sessions	\$0	30%	\$40	\$65	\$40	20%	\$15	20%	\$25	30%	\$25	20%

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		Gold PPO		Basicare		Medicare Passport Advantage		Complete Choice						Value		751-Part D	
PREMIUMS	\$104.90	\$122.60		\$49.70		\$126.00		\$0.00		\$34.00		\$89.00		\$74.00		\$155.00	
		IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT
Prosthetic Devices	20%**	20%	40%	20%	40%	0- 20%	50%	20%	40%	20%	20%	20%	20%	20%	50%	20%	50%
X-Rays	20%**	\$50	\$60	\$50	\$60	\$35	30%	\$16	\$13- 21 or 40%	\$15	20%	\$15	20%	\$50	30%	\$40	20%
Diagnostic Services		\$0-60	40%	\$0- 100	40%	\$75	30%	20%	\$13- 21 or 40%	20%	20%	20%	20%	\$75	30%	\$75	20%
Radiation Therapy	20%	\$0	40%	\$0	40%	\$35	30%	20%	\$13- 21 or 40%	20%	20%	20%	20%	\$50	30%	\$40	20%
Lab Services	\$0	\$10	40%	\$50	40%	\$0	30%	\$13	\$13- 21 or 40%	\$0	20%	\$0	20%	\$5	30%	\$5	20%
Chiropractic Care	limited coverage 20%**	\$20	\$20	\$20	\$20	\$20	50%	\$20	\$65	\$20	20%	\$20	20%	\$20	30%	\$20	20%
Medically Necessary Foot Care	20%** (medical limits apply)	\$50	\$60	\$50	\$60	\$35	\$40	\$40	\$65	\$50	20%	\$35	20%	\$50	30%	\$40	20%
Routine Foot Care	not covered	NA	NA	NA	NA	NA	NA	6 visits \$40 co-pay	6 visits \$65 co-pay	NA	NA	NA	NA	\$50	30%	\$40	20%
P.T., O.T. and Speech Therapy	20%**	\$40	\$60	\$40	\$60	\$15	30%	\$40	\$65	\$40	20%	\$15	20%	\$25	30%	\$25	30%
Inpatient Hospital	\$1,260	\$750 per stay	40% per stay	Days 1-5 \$295/day Days 6-90 \$0	40%	\$550 per stay	30% per stay	\$350/day	Days 1-23 \$450/day Days 24-90 \$0	Days 1-5 \$295/day \$ 0 Days 6-91	Days 1-7 \$300/day Days 8-90 \$0	\$350 per stay	Days 1-7 \$250/day \$ 0 Days 8-90	Days 1-7 \$340 Days 8-90 \$0	30%	Days 1-7 \$280 Days 8-90 \$0	30%
Inpatient Mental Health*	\$1,260	\$750	40%	Days 1-5 \$295/day Days 6-90 \$0	40%	\$550	30%	Days 1-4 \$345/day Days 5-90 \$0	Days 1-23 \$450/day Days 24-90 \$0	Days 1-5 \$295/day Days 6-90 \$0	Days 1-7 \$300/day Days 8-90 \$0	\$350 per stay	Days 1-7 \$250/day Days 8-90 \$0	Days 1-6 \$315 Days 7-90 \$0	30%	Days 1-6 \$280 Days 7-90 \$0	30%
Skilled Nursing Facility	Days 1-20 \$0 Days 21-100 \$152/day	Days 1-20 \$0 Days 21-100 \$150/day	40%	Days 1-20 \$0 Day 21-100 \$150/day	40%	Days 1-20 \$0 Days 21-100 \$50/day	30%	Days 1-20 \$0 Days 21-42 \$155 Days 43-100 \$0	Days 1-40 \$250 Days 41-100 \$0	\$ 0Day 1-20 \$150 Days 21-100	\$ 0 Days 1-20 \$200 Days 21-100	\$ 0 Days 1-20 \$ 75 Days 21-100	\$ 0 Days 1-20 \$ 150 Days 21-100	Days 1-20 \$40 Days 21-100 \$156/day	30%	Days 1-20 \$40 Days 21-100 \$156/day	30%
Home Health Care	\$0	\$0	40%	\$0	40%	\$0	30%	\$0	50%	\$0	20%	\$0	20%	\$10	30%	\$10	30%
Dialysis		\$0	\$0	\$0	\$0	\$0	\$0	20%	20%	\$30	20%	20%	20%	\$0	30%	\$0	\$0



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		Gold PPO		Basicare		Medicare Passport Advantage		Complete Choice		IN	OUT	IN	OUT	Value		751-Part D	
PREMIUMS	\$104.90	\$122.60		\$49.70		\$126.00		\$0.00		\$34.00		\$89.00		\$74.00		\$155.00	
Prescription Drugs	Part D	Part B 20% Part D \$0, \$10, \$35, \$90, 33%	Part B 40%	Part B 20% Part D 25%after \$320 Deductable		Part B 20% Part D \$0, \$8, \$45, \$75, 33%	Part B 30% Part D NA	Part B 20% Part D \$2, \$8, \$45, \$95, 33% \$225 Deductable Max \$2,960	NA	Part B 20% Part D \$5, \$12, \$45, \$95, 29%		Part B 20% Part D \$2, \$7, \$40, \$80, 33%		Part B 20% Part D \$7, \$20, \$45, \$95, 33%	NA	Part B 20% Part D \$5, \$15, \$45, \$95, 33%	NA
Hearing Services	20%**	50 Exam	60 Exam	50 Exam	60 Exam	\$20-\$35	30%	Treat \$40 Exam \$10 \$330-\$380 Aide	Treat \$65 Exam \$65 \$330-\$380 Aide	\$20	20%	\$20	20%	\$50	30%	\$40	20%
Diabetic Training and Supplies	20%	Training \$0 Supplies 10-20%	Training \$0 Supplies 10-40%	Training \$0 Supplies 10-20%	Training \$0 Supplies 10-40%	Supplies \$10 Training, Shoes \$0	30%	Supplies, Training \$0 Shoes 20%	40%	Training, Suppliers 0-20%	Training, Suppliers 0-20%	Training, Suppliers 0-20%	Training, Suppliers 0-20%	Training \$0 Supplies 20%	Training 30% Supplies 50%	Training \$0 Supplies 20%	Training 20% Supplies 50%
Dental Coverage	limited coverage 20%**	Limited Service \$50	Limited Service \$60	Limited Service \$50	Limited Service \$60	\$35- \$200 (2) cleanings, x-rays, exams \$0	30% - 50%	Limited Services \$40	Limited Services \$65	Limited Services \$35	Limited Services \$60	Limited Services \$25	Limited Services \$35	\$ 50 Optional Coverage \$17 monthMax \$500	\$ 30 % Optional Coverage \$17 monthMax \$500	\$ 40 Optional Coverage \$17 monthMax \$500	20 % Optional Coverage \$17 monthMax \$500
Vision Services	20% + for 1 pair glasses/ frames/contact lens after cataract surgery 20% + coverage for retinopathy exam 1 per year for diabetics	Exam, Treat and Diagnose \$50	Exam, Treat and Diagnose \$60	Exam, Treat and Diagnose \$50	Exam, Treat and Diagnose \$60	\$0 Exam Treatment, Diagnose \$35 Cataract Glasses \$0 \$150 towards glasses	30% exam Treat, Diagnose \$40 Cataract Glasses \$0	\$ 0-\$40 Treatment, Exam, \$ 0 Glasses after Cataract surgery	Treatment, Exams \$65 Cataract Glasses 40% of cost	Treatment, exams \$0 Cataract glasses \$20	Treatment, exams 20% Cataract glasses 20%	Treatment, exams \$0 Cataract glasses \$20	Treatment, exams 20% Cataract glasses 20%	Treatment \$50 Routine \$50 Glasses \$0	Treatment 30% Routine 30% Glasses 30%	Treatment \$40 Routine \$40 Glasses \$0	Treatment 20% Routine 20% Glasses 20%
Max out of Pocket		\$4000	\$10,000	\$6,700		#6,700	\$ 10,000							\$ 3,400	\$ 5,100	\$ 3,400	\$ 5,100